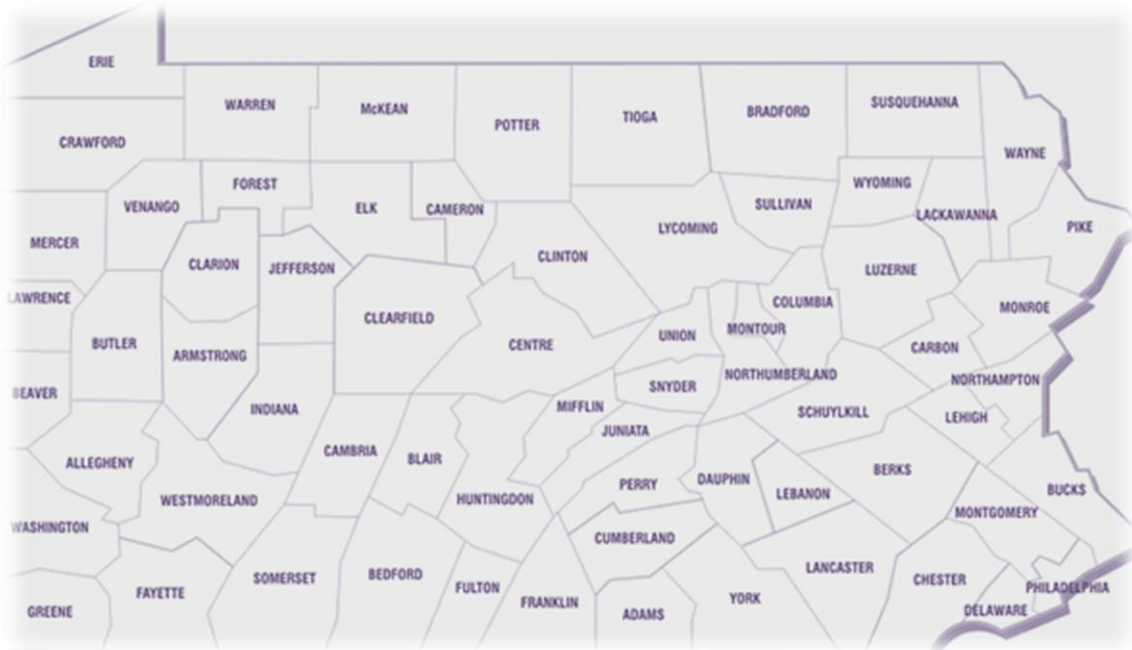


Blueprints of Change: Promoting Recovery Through Systems Transformation

**A Summary Report of Fiscal Year 2011/2012 County
Mental Health Plans for Adults, Older Adults, & Transition-
Age Youth with Serious Mental Illness and Co-occurring
Disorders**

Office of Mental Health and Substance Abuse Services



**Department of Public Welfare
Commonwealth of Pennsylvania**

May 2011

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I. INTRODUCTION

Blueprints of Change: Promoting Recovery Through Systems Transformation, encapsulates the progress made by the counties in the Commonwealth in their march toward a recovery-oriented behavioral health system. This report is based on the Fiscal Year 2011-2012 Mental Health Plans submitted by the County MH/MR Program Offices in May 2010. The Plans follow guidance issued by Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) in 2007¹ by identifying the current and planned services and supports that help facilitate the recovery journey of individuals served by the mental health service delivery system. As per the guidance, counties submitted a full three year plan in May 2008 with updates submitted in the following two years. The plans received in May 2010 marked the end of this three-year planning cycle. As the information presented in this report reflects primarily the third year update, readers are encouraged to also reference the June 2009 report capturing the comprehensive three-year plans² and the November 2010 report of the second year plan updates³.

II. THE PLANNING PROCESS

County Mental Health Plans serve two distinct purposes. The first is to satisfy the legal requirement pursuant to the MH/MR Act of 1966 mandating local authorities to approve an "annual plan and estimated costs" and submit that plan to the Pennsylvania Department of Public Welfare (DPW). Secondly, and more importantly, the plans serve as the blueprints for transformative systems changes at the local level.

¹Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *County Mental Health Plan for Adults, Older Adults, and Transition-Age Youth with Serious Mental Illness Co-occurring Disorders, Fiscal Year 2009/2012 Guidelines*. Issued September 2007. [Available at http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002764.pdf]

² Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *A Summary Report of the Fiscal Year 2009-2010 County Mental Health Plans for Adults, Older Adults, & Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders*. Issued May 2009. [Available at http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/report/d_000524.pdf]

³ Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *Transformation Through Planned Partnerships: A Summary Report of the Fiscal Year 2010-2011 County Mental Health Plans for Adults, Older Adults, and Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders*. Issued November 2010. [Available at http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/report/p_003121.pdf]

The plans target adults, older adults, and transition-age youth (ages 18-26) with serious mental illness and co-occurring disorders, served by the county as well as the behavioral health managed care system, HealthChoices. Planning endeavors at the county-level focus on enabling those individuals to “live, work, learn, and participate fully in their communities,” as described in the report issued by the President’s *New Freedom Commission on Mental Health*⁴.

In order to craft a comprehensive mental health plan, counties were encouraged to engage a multitude of stakeholder groups, including consumers, family members, providers, managed care professionals, and cross-systems partners in Intellectual and Developmental Disabilities, Drug and Alcohol, County Probation, State and County Corrections, Aging, Housing, and Vocational Rehabilitation. Opportunities to provide feedback through public hearings, electronic document exchanges, and other online resources were made available to the general public by the counties.

III. CHANGES UNDERWAY

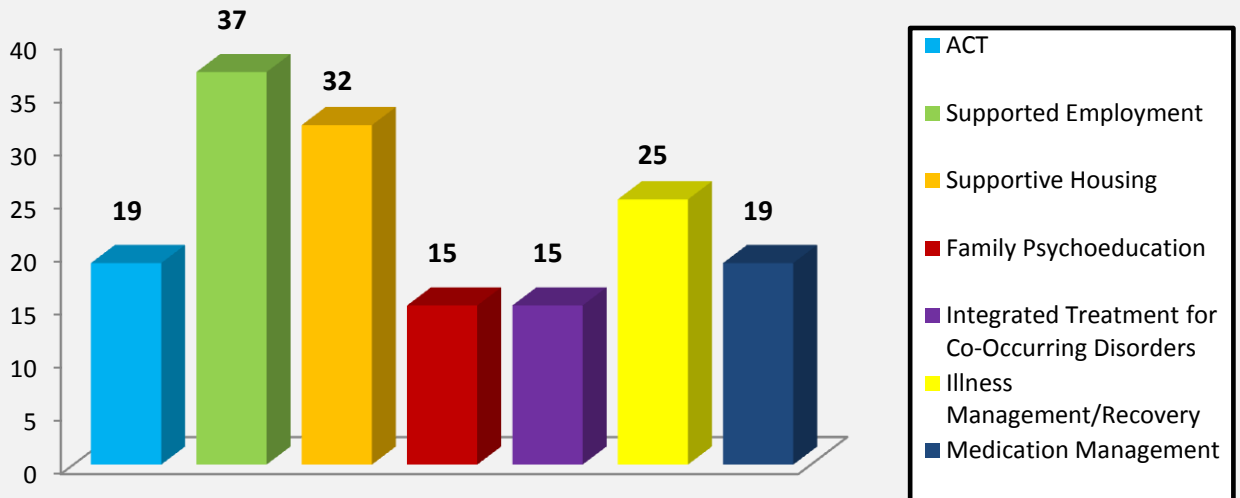
Evidence-Based Practices (EBPs)

Counties continue to incorporate and expand evidence-based practices (EBPs) as important components of their service systems. EBPs are behavioral health interventions whose effectiveness has been verified by significant empirical data. EBPs represent one of ten National Outcome Measures (NOMs) that the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency, utilizes to evaluate and quantify progress made by states. As required in the Plan guidelines, counties reported on the implementation of seven specific practices: Assertive Community Treatment (ACT); Supported Employment; Supportive Housing; Family Psychoeducation; Integrated Treatment for Co-Occurring Disorders; Illness Management and Recovery; and Medication Management.

The two graphs on the following page capture the extent of implementation of EBPs in the state. The first graph depicts the number of EBPs implemented as reported in the FY 2011-12 County Plans (submitted in May 2010). The second graph compares the number of EBPs reported by counties in their FY 2010-11 Plans (submitted in May 2009) with the numbers from the FY 2011-12 Plan.

⁴ New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. DHHS Pub. No. SMA-03-3832. [Available at www.mentalhealthcommission.gov/reports/reports.htm]

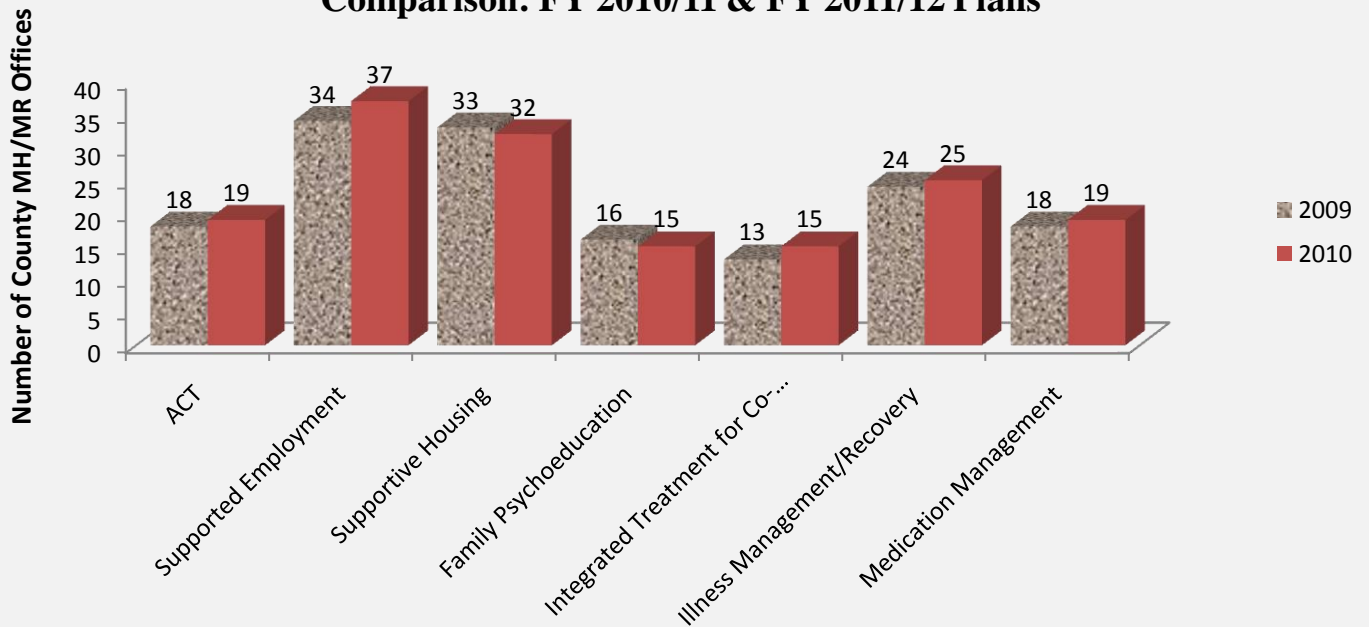
Attachment F- Evidence Based Practices (EBPs) FY 2011/12 MH Plan



X-Axis displays EBPs in the order in which they appear in the legend

Y-Axis displays the number of County MH/MR Offices reporting a specific EBP, not the number of EBP programs

Attachment F- Evidence Based Practices (EBPs) Comparison: FY 2010/11 & FY 2011/12 Plans



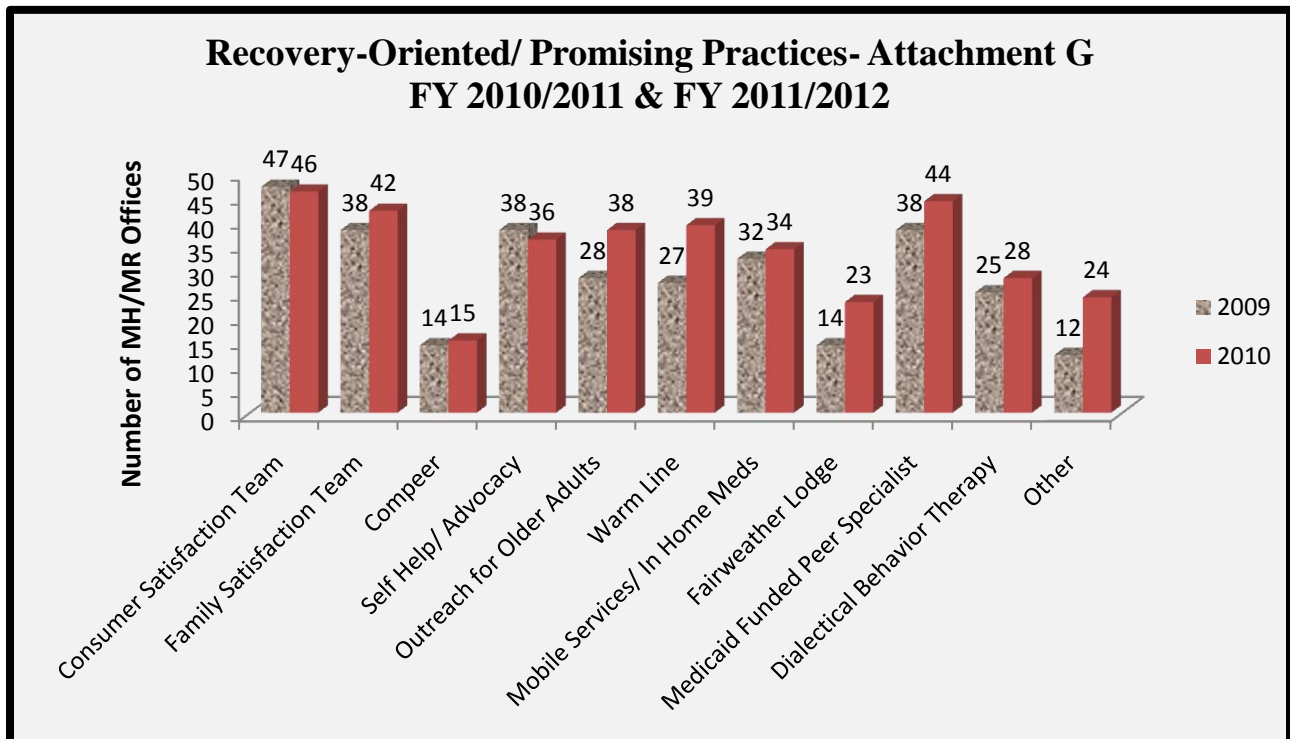
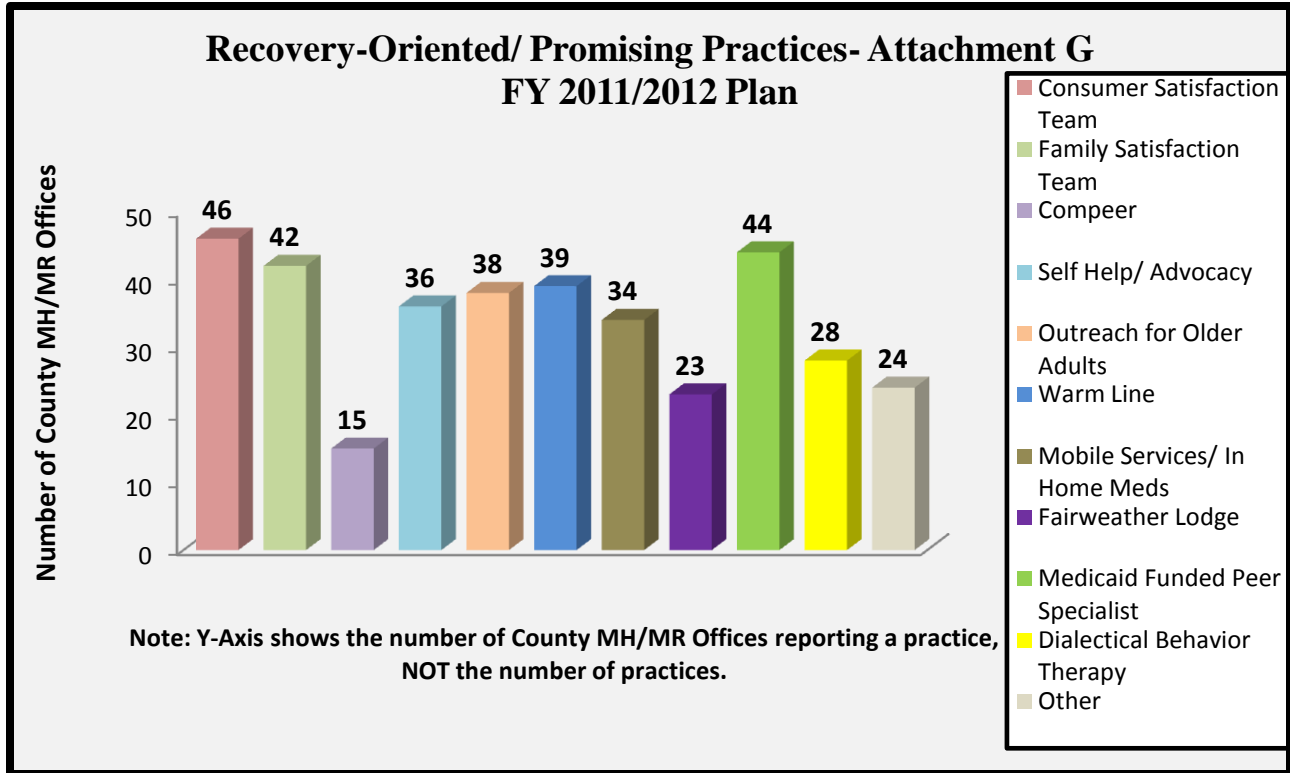
In the charts above, the X-Axis displays the seven EBPs reported by the counties. The Y-Axis plots the number of County MH/MR Offices reporting a specific EBP program (46 out of 48 counties reported in 2010, while all 48 counties reported in 2009). The number of counties reporting Assertive Community Treatment (ACT)⁵, Supported Employment, Integrated Treatment for Co-Occurring Disorders, Illness Management and Recovery, and Medication Management increased for FY 2011/2012. Supportive Housing and Family Psychoeducation programs decreased slightly from the previous fiscal year. All data received was self-reported by the counties and may not reflect EBP implementation based upon fidelity (fidelity refers to the degree to which a program adheres to the prescribed model).

Recovery-Oriented/Promising Practices

Counties were asked to report on the development of ten specific recovery-oriented/promising practices displayed in the charts below. In further demonstration of their resolve to support the expansion of these practices, more counties across the Commonwealth have instituted Family Satisfaction Teams, Compeer, Outreach for Older Adults, Warm Lines, Mobile Services, Fairweather Lodges, Medicaid Funded Peer Specialist programs, and Dialectical Behavior Therapy.

The first graph on the following page depicts the number of County MH/MR program offices that have implemented or plan to implement a particular Recovery-Oriented practice as of their May 2010 submission (FY 2011-12 Plan). The second graph compares the number of Recovery-Oriented practices reported in the May 2009 submissions (FY 2010-11 Plan) with the numbers reported in the May 2010 submissions (46 out of 48 counties reported in 2010, while all 48 counties reported in 2009).

⁵ Programs identified as Community Treatment Teams (CTT) are also included in the count. CTT is a program model similar to ACT.



As evident from the graphs above, counties continued to develop and grow several practices, including: Family Satisfaction Team, Compeer, Outreach for Older Adults, Warm Line, Mobile Services, Fairweather Lodge, Medicaid Funded Peer Specialist, and Dialectical Behavior Therapy.

Transformation Priorities

In *Attachment J: Top Five Transformation Priorities* of their FY 2011/2012 Mental Health Plan, each county identified 3-5 transformation priorities that would guide systems change at the local level. A total of 225 priorities were identified by 46 out of 48 counties. The data was compiled and organized under the following categories:

- Quality Management
- Psychiatric Rehabilitation
- Peer Support Services
- Case Management
- Evidence-Based Practices
- Recovery-Oriented Initiative
- Supportive Housing/ Housing
- Supported Employment
- Services to Older Adults
- Services to Transition Age Youth
- Services to the Forensic Population
- Consumer/Family Participation and Advocacy
- Co-occurring Mental Health/Substance Abuse
- Cross-Systems Collaboration
- Other Community Services

Priorities were grouped under categories that best matched their description. Priorities that did not fall within the above categories were grouped under “Other Community Services,” and include services such as Compeer, Cognitive Behavioral Therapy, and Drop-in Centers. The graph below displays statewide data for the *Top Five Transformation Priorities* reported by the counties in their FY 2011-12 Plans:

**Attachment J- Top 5 Transformation Priorities
 FY 2011/2012**



Note: X-Axis shows the categories in the order in which they appear in the legend on the right. Y-Axis shows the number of Transformation Priorities by category, NOT the number of counties.

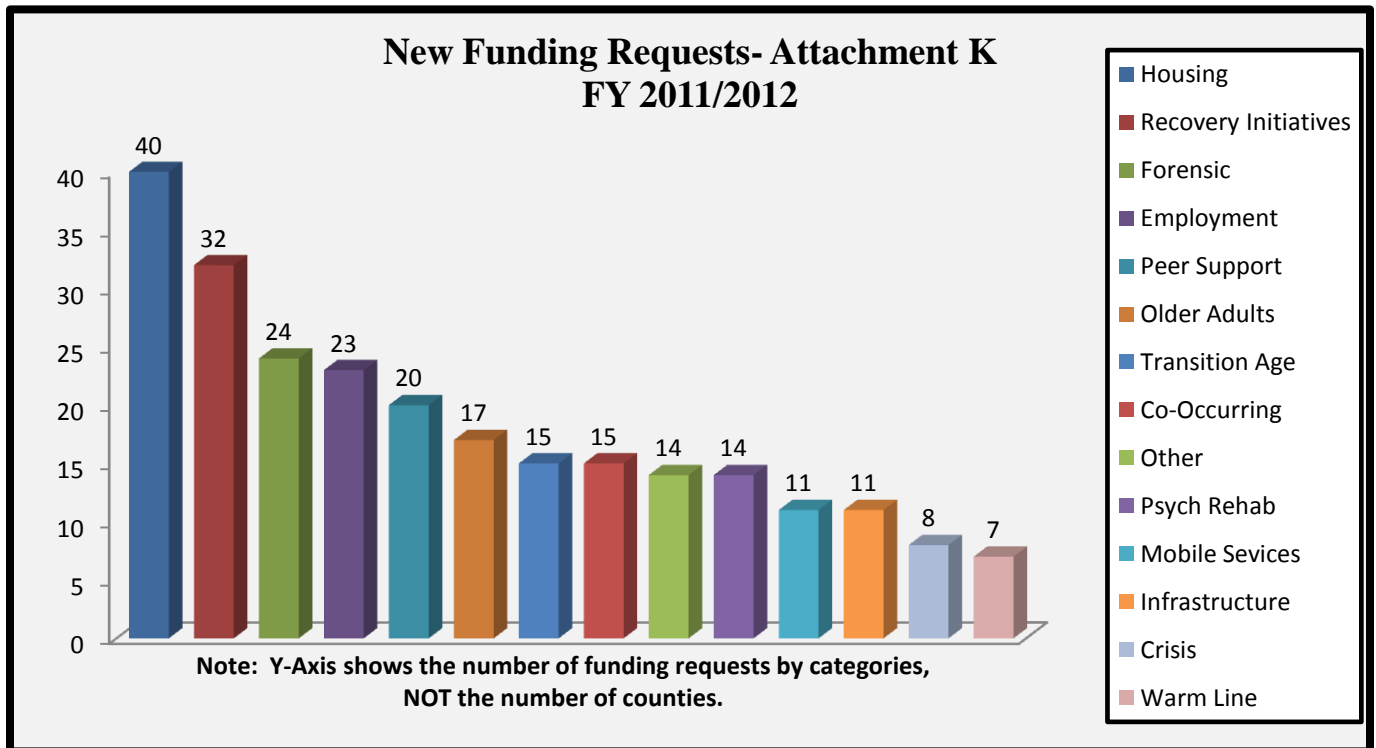
Supportive Housing remains the single practice with the highest priority for the sixth year in a row (identified 30 times). “Recovery-Oriented Practices” category, which was identified 37 times, is a grouping of many different practices (not a single practice or priority). Psych Rehab, Peer Support Services, Evidence Based Practices, Supportive Employment, Services for Older Adults and Transition Age Youth, Forensics, and Services for Co-occurring Consumers continued to show growth and development as transformation priorities.

New Funding Requests

As in previous years, counties were asked to identify prioritized funding needs to support the creation, sustainability, and enhancement of services. Forty-six out of 48 counties submitted requests for new state funds targeting adults with serious mental illness. Counties were also encouraged to identify funding priorities for older adults and transition- age youth. A total of 251 funding requests were received, an increase from the 202 requests received in the previous year. New funding was requested for a variety of services and supports such as Supportive Housing, Warm Line, Peer Support services, Fairweather Lodge, services for older adults, services for transition age youth, and many other services and programs. OMHSAS grouped the data provided by the counties into the following categories:

- Peer Support Services
- Housing/Housing Supports
- Employment Services
- Mobile Services
- Other Community Services
- Services for the Forensic Population
- Services for Older Adults
- Services for Transition Age Youth
- Recovery-Based Initiatives
- Warm Line
- Co-occurring MH/Substance Use Disorders
- Infrastructure Development
- Psychiatric Rehabilitation
- Crisis Services

Funding requests that were unable to fit in the categories above were placed in “Other Community Services.” The summary data for *Attachment K: Top Five New Funding Requests for Recovery-Oriented System Transformation Priorities* from the FY 2011-12 Plans is displayed in the graph below:



Housing continues to be the most identified service in need of additional funding dollars by counties throughout the Commonwealth. Forty requests were received for Housing/Housing supports, followed by 32 requests for Recovery Initiatives.

Reinvestment Funds

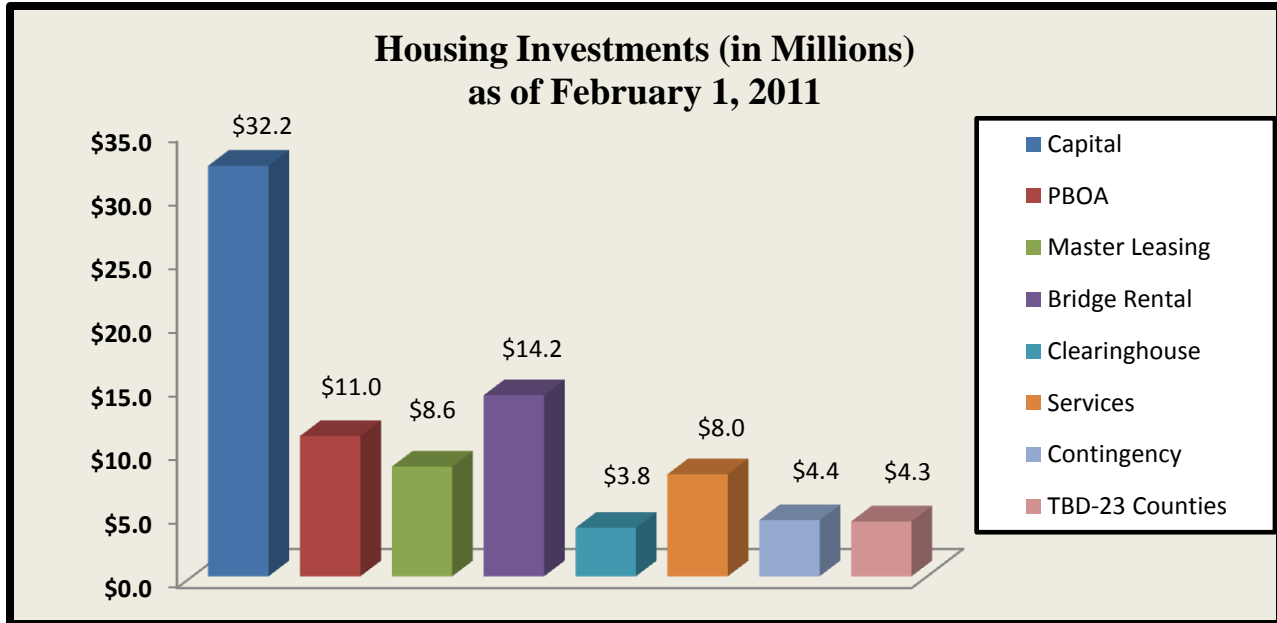
Counties are able to utilize unexpended capitation funds as “reinvestment dollars” under the behavioral health managed care program, HealthChoices. These funds are used to address unmet or under-met needs and have helped in the development as well as expansion of a variety of services in the counties. Twenty County MH/MR Offices are planning to utilize over 62 million dollars to develop programs and services with these reinvestment dollars. Examples of these programs and services could include:

- Psychiatric Rehabilitation Services
- Community Treatment Teams
- Housing Development Fund
- Housing Support Team
- Consumer Drop-In
- Compeer
- Older Adult Outreach
- Clubhouse Expansion
- 24 Hour Warm Line
- Expansion of Drug and Alcohol Services
- Respite
- MISA Outpatient
- Assertive Community Treatment (ACT)
- Residential Treatment Facilities
- Residence Dual Diagnosis
- Peer Resources

Housing Plans

The County Plan guidelines require that all counties prepare a Housing Plan as an attachment to their annual Mental Health Plan. The Housing Plans outline how counties intend to utilize HealthChoices reinvestment funds, Community Hospital Integration Program Project (CHIPP) funds, or base funds to expand the housing opportunities for the consumers served by the service system. *A Plan for Promoting Housing and Recovery-Oriented Services*⁶ provides guidance for the planning, resource allocation, and development of effective supportive housing models in a recovery-oriented system of care. OMHSAS also provides ongoing technical assistance to counties to support the development of a sustainable and comprehensive housing plan. The chart below displays the amount of dollars spent on housing projects as of February 1, 2011.

⁶ Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *A Plan for Promoting Housing and Recovery-Oriented Services*. Issued November 2006. [Available at: http://www.parecovery.org/documents/OMHSAS_Housing_Report_Final_110706.pdf]



Definitions

Capital is use of county based funds as capital financing to create targeted permanent supportive housing units (funding goes into bricks and mortar).

Project Based Operation Assistance (PBOA) funds is a partnership program with Pennsylvania Housing Finance Agency in which County provides operating or rental assistance to specific units then leased to eligible persons.

Master Leasing is leasing units from private owners and subleasing (and subsidizing) these units to consumers.

Bridge Rental is short term tenant based rental subsidies, intended from the start to be a “bridge” to more permanent housing.

Clearinghouse is an agency that coordinates and manages permanent supportive housing opportunities.

Housing Support Services funds are temporary funds for housing support services that counties set aside for individuals until permanent funds can be identified or put in place.

Contingency funds are funds for one-time and emergency costs such as security deposits for apartment or utilities, to pay back rent or utility costs.

Fairweather Lodge is a program where individuals with serious mental illness choose to live together in the same home, work together, and share responsibility for daily living and wellness.

The chart below depicts housing projects that have approved funding as of February 1, 2011:

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County/Joinder	Bridge	Master Lease	Capital	PBOA	Mgt Clrhse/ Hsing Spec	Housing Support	Contin - gency	Fairweather L	Other or TBD	Total \$
Allegheny	\$2,259,439	\$1,900,000	\$3,288,651	\$0	\$100,000	\$3,780,061	\$200,000	\$0		\$ 11,528,151
Armstrong/Indiana	\$0	\$0	\$0	\$0	\$206,000	\$0	\$250,000	\$0		\$ 456,000
Butler									\$70,000	\$ 70,000
Beaver	\$987,635	\$0	\$800,000	\$0	\$0	\$212,365	\$0			\$ 2,000,000
Fayette	\$162,000	\$113,400		\$0	\$0					\$ 275,400
Lawrence	\$261,339			\$0	\$250,000		\$12,000			\$ 523,339
Washington	\$645,000	\$225,000	\$0	\$0	\$100,000	\$255,198	\$125,000	\$0		\$ 1,350,198
Westmoreland	\$460,000			\$0	\$0					\$ 460,000
Cumb/Perry	\$0	\$0	\$1,224,000	\$0	\$0	\$0	\$0	\$0		\$ 1,224,000
Dauphin			\$64,000			\$32,696		\$32,000		\$ 128,696
Lancaster			\$167,778							\$ 167,778
Lebanon		\$75,977								\$ 75,977
York/Adams		\$2,352,935	\$2,500,000	\$2,102,935	\$251,288	\$1,685,656		\$0		\$ 8,892,814
Berks	\$1,225,000	\$400,000	\$1,500,000	\$0	\$375,000	\$250,000	\$250,000	\$0		\$ 4,000,000
Lack/Susq			\$200,000	\$0			\$42,980			\$ 242,980
Lehigh	\$345,802	\$824,000	\$5,150,000	\$1,000,000	\$580,000	\$300,000	\$100,000	\$0		\$ 8,299,802
Luzerne/Wyoming		\$ 128,924	\$0	\$0	\$0	\$0	\$0	\$0		\$ 128,924
Carbon-Monroe-Pike									250,000	\$ 250,000
Bucks	\$0	\$220,000	\$135,000	\$0	\$0	\$0	\$0	\$0		\$ 355,000
Chester	\$540,000	\$540,000	\$240,000	\$205,000	\$575,000	\$0	\$300,000	\$0		\$ 2,400,000
Delaware	\$887,680	\$458,017	\$50,000	\$1,130,261	\$0	\$0	\$132,500	\$50,000		\$ 2,708,458
Montgomery	\$1,471,191	\$1,412,425	\$1,882,340	\$716,234	\$935,000	\$530,825	\$300,000	\$0		\$ 7,248,015
Philadelphia	\$5,000,000	\$0	\$15,000,000	\$5,918,323	\$500,000	\$1,000,000	\$2,700,000	\$0		\$ 30,118,323
23 COUNTIES									3,996,662	3,996,662
Total Reinvestment	\$14,245,086	\$8,650,678	\$32,201,769	\$11,072,753	\$3,872,288	\$8,046,801	\$4,412,480	\$82,000	\$4,316,662	\$ 86,900,517

Yellow = early adopters (2006-early 2007)

Orange = counties served by the (now closed) Mayview Hospital (2007)

Green = added in late 2007

Clear = added in 2008

Baby blue= added 2009/2010

Forensic Plans

In an effort to assess the progress of forensic initiatives at the county level, OMHSAS requires each county to submit a Forensic Plan as an attachment to the County Mental Health Plan. Forensic initiatives are services and supports available for mental health consumers involved in the criminal justice system. The Criminal Justice Mental Health Advisory Committee, a collaborative effort between OMHSAS and the Pennsylvania Commission on Crime and Delinquency (PCCD), advocates the “*Sequential Intercept Model*”⁷ as a best practice for mental health consumers in the criminal justice system. This model delineates five points of interception; (1) *Law Enforcement and Emergency Services*; (2) *Initial Detention and Initial Hearings*; (3) *Jail, Courts, Forensic Evaluations, and Forensic Commitments*; (4) *Reentry from Jails, State Prisons, and Forensic Hospitalization*; and (5) *Community Corrections and Community Support*. Each point of contact provides an opportunity to divert mental health consumers from funneling further into the criminal justice system.

The majority of County MH/MR offices (35 out of 48) have services available to consumers at intercept 1, and 19 counties have supportive services available to consumers at all five interception points (please see the chart below for detailed information on all intercepts). As evident from the table below, counties have made significant headway in their forensic initiatives.

Currently Available Services from County Forensic Plans

COUNTY	Intercept 1: law enforcement and emergency services	Intercept 2: initial hearings and initial detention	Intercept 3: jails and courts	Intercept 4: reentry from jails, prisons, and hospitals	Intercept 5: community corrections and community support services
Allegheny*	X	X	X	X	X
Armstrong/Indiana*	X	X	X	X	X
Beaver*	X	X	X	X	X
Bedford/Somerset*	X	X	X	X	X
Berks*	X	X	X	X	X
Blair	X		X	X	
Bradford/Sullivan**	X	X	X	X	X
Bucks*	X	X	X	X	X
Butler*	X				
Cambria*	X	X	X	X	X
Cameron/Elk*	X		X	X	X
Carbon/Monroe/ Pike		X		X	
Centre*	X	X	X	X	X
Chester	X		X		
Clarion*				X	
Clearfield/Jefferson			X	X	X

⁷ Munetz, M. R., & Griffin, P. A. *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*. Psychiatric services (Washington, D.C.), 2006 Apr;57(4):544. [Available at <http://psychservices.psychiatryonline.org/cgi/reprint/57/4/544>]

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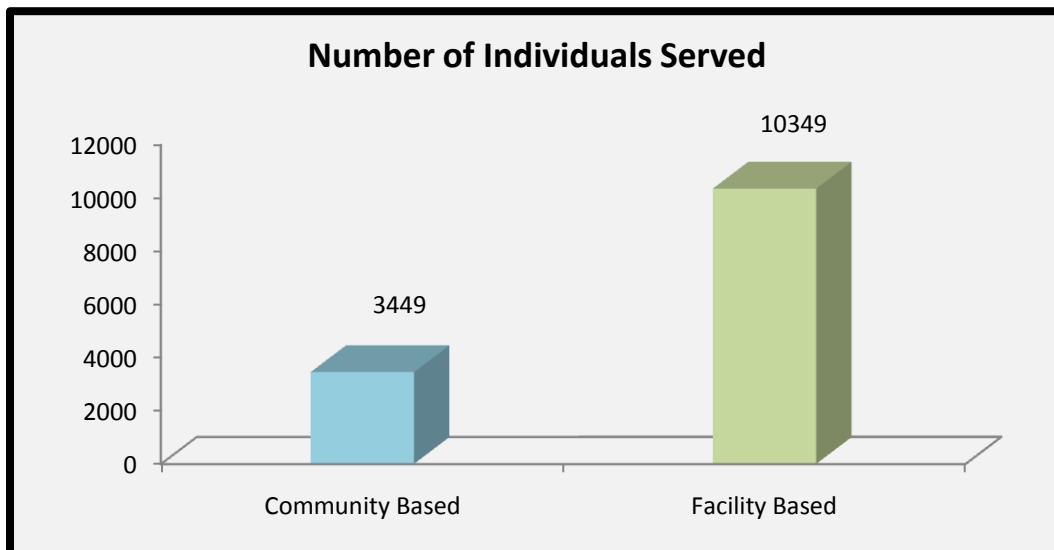
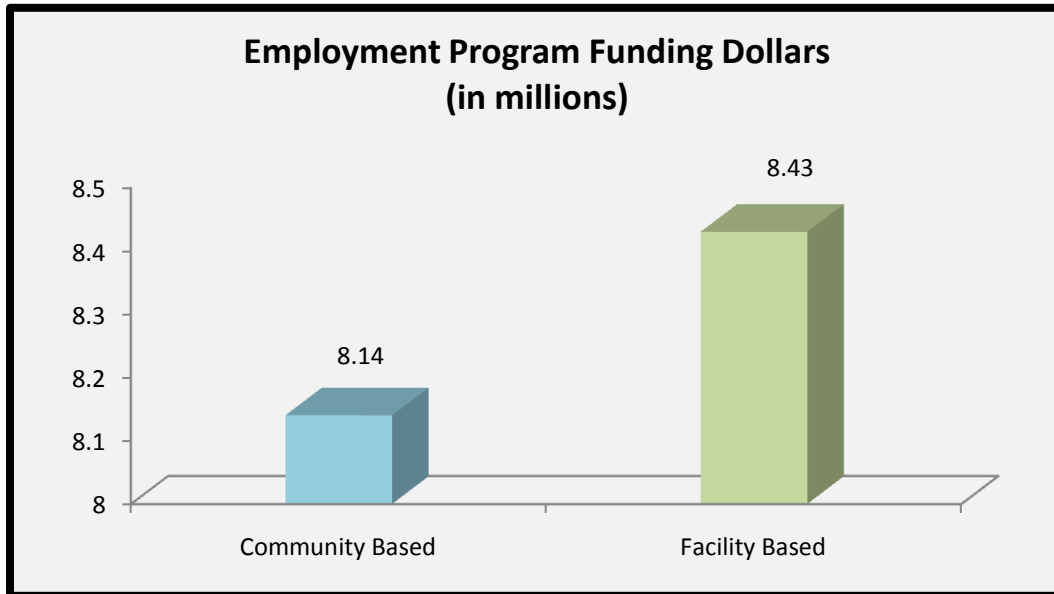
Columbia/Montour/Snyder/Union	X		X		
Crawford			X		X
Cumberland/Perry*	X	X	X	X	X
Dauphin*	X	X	X	X	X
Delaware*	X	X	X	X	X
Erie		X	X	X	
Fayette*	X	X	X	X	X
Forest/Warren					X
Franklin/Fulton	X	X	X		
Greene*	X	X		X	X
Huntington/Mifflin/Juniata	X		X	X	X
Lackawanna/ Susquehanna			X	X	
Lancaster*	X	X	X	X	X
Lawrence	X		X	X	X
Lebanon		X	X	X	X
Lehigh*	X	X	X	X	X
Luzerne/Wyoming*	X	X	X	X	X
Lycoming/Clinton*	X	X	X	X	X
Mercer			X	X	X
McKean			X		X
Montgomery*	X	X	X	X	X
Northampton		X	X		
Northumberland	X	X	X		
Philadelphia*	X	X	X	X	X
Potter			X	X	
Schuylkill	X		X	X	
Tioga	X		X		
Venango	X	X	X		X
Washington	X	X	X		
Wayne	X	X	X		
Westmoreland			X	X	
York/Adams*	X	X	X	X	X

* Includes planning for all points in intercept
** Plan services provided by peer specialists

Employment Plans

As a result of recommendations made by the Employment Outcomes Workgroup convened by OMHSAS, counties included an Employment Plan Supplement as a part of their County Mental Health Plans submitted in May 2010. Counties reported that a total of \$17,652,360 (non-Medicaid dollars) was spent on employment services. Of that total, \$8,147,306 was spent on community-based employment programs, \$8,431,808 was spent on facility-based programs, and the remaining on other employment programs. In order to increase employment for persons with mental illness as outlined in “A Call for Change: Employment a Key to Recovery⁸,” OMHSAS is encouraging counties to redirect resources from facility based to community employment. The graphs below depict funding and individuals served for both community-based and facility-based programs.

⁸ Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, *A Plan for Promoting Housing and Recovery-Oriented Services*. Issued March 2008. [Available at: http://www.parecovery.org/services_employment.shtml]



Several counties demonstrated innovative ideas in their employment plans, including: shifting funds from facility-based to community employment; training Peer Specialists to support persons seeking employment; utilizing Ticket to Work incentives; and partnering with various employers and the Office of Vocational Rehabilitation (OVR).

III. SUMMARY

The County Mental Health Plans submitted for FY 2011/2012 continue to illustrate considerable advancement toward a recovery-oriented service system. The transformative changes reflected in the planning documents include: the expansion of evidence-based and promising practices; the engagement of target populations such as older adults, transition age youth, and individuals with co-occurring disorders; and the significant advances in the development of forensic infrastructure to serve consumers involved with the criminal justice system. Casting a vision for a holistic approach to recovery, counties are strengthening their housing and employment supports, both programmatically and financially, to aid consumers transitioning into the community.

In the face of mounting budget deficits and program cuts, counties have demonstrated resiliency and dedication to serving consumers with finite resources. In a collaborative effort, counties continue to foster the partnerships between consumers, family members, providers and other stakeholders in the development of the plans. As the Commonwealth faces the challenges ahead, OMHSAS is committed in its resolve to fully support the efforts championed by counties and the stakeholder community.